6/14/2006-90004-010-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
06 JUN 26 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40095491

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000154589

1. Entity Name: A. EVERETT Mortgage & Associates, Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13035 Lake Live Oak Dr.	13035 Lake Live Oak Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32828 Country: U.S.A.	Zip: 32828 Country: USA

4. FEI Number: 04-383-4945 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Adelaida U. EVERETT

Street Address (P.O. Box Number is Not Acceptable): 13035 Lake Live Oak Drive

City: Orlando FL Zip Code: 32828

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE ____________________

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Adelaida U. EVERETT 13035 Lake Live Oak Dr. ORLANDO, FL 32828	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ISABELO PAGUNSAN Jr. 8754 CLAIRBONE CT ORLANDO, FL 32825	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/28	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Adelaida U. Everett Adelaida U. Everett 407-249-4991 4-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)